

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Western District of New York

Division

Case No.

24 CV 1212 - V

(to be filled in by the Clerk's Office)

JAMAH L CLARKE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.

If the names of all the plaintiffs cannot fit in the space above,

please write "see attached" in the space and attach an additional  
page with the full list of names.)

CO. H, Sgt P, CO L, CO, Si, CO Sp  
 nurse Jane doe, Superintendent  
 nurse John doe, dept of security  
 RN- Jane doe  
 CO John Doe, Defendant

(Write the full name of each defendant who is being sued. If the  
 names of all the defendants cannot fit in the space above, please  
 write "see attached" in the space and attach an additional page  
 with the full list of names. Do not include addresses here.)

Sgt. John  
 Doe



## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)** JAMAH L CLARKE, 14A303S

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

JAMAH L CLARKE

All other names by which  
you have been known:

N/A

ID Number

14A303S

Current Institution

GREEN HAVEN

Address

P.O. Box 4000

Storm V. Tr N.Y. 12582-4000

City

State

Zip Code

**B. The Defendant(s)**Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

John DOE #1

Job or Title (*if known*)

CO

Shield Number

N/A

Employer

Wende C.F

Address

Wende Rd. P.O. Box 1187

Alden

New York

14004-1187

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

Sgt P

Job or Title (*if known*)

Sgt

Shield Number

N/A

Employer

Wende C.F

Address

Wende Rd. P.O. Box 1187

Alden

New York

14004-1187

City

State

Zip Code



Individual capacity



Official capacity

## Defendant No. 3

Name

John Doe #2

Job or Title (if known)

CO

Shield Number

N/A

Employer

Wende C.F.

Address

Wende Rd. P.O. Box 1187  
Alden New York 14004-1187

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

## Defendant No. 4

Name

John Doe #3

Job or Title (if known)

CO

Shield Number

N/A

Employer

Wende C.F.

Address

Wende Rd. P.O. Box 1187  
Alden New York 14004-1187

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1<sup>st</sup>, 8<sup>th</sup>, 14<sup>th</sup> Amend Freedom to petition the government,  
② Excessive force cruel and unusual clause  
③ Equal Protection Clause under the 14<sup>th</sup> Amend for  
Discrimination against me and Retaliation for filing Grievances

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Defendent No 5

Name John Doe #4  
Job or title C.O.  
Shield Number N/A

Individual Capacity  
and  
Official Capacity

Employer Wende C.F

Address Wende Rd, P.O. Box 1187  
Alden, New York, 14004-1187

Defendent No 6.

Name John Doe #5  
Job or title C.O.  
Shield Number N/A

Individual Capacity  
and  
Official Capacity

Employer Wende C.F

Address Wende Rd, P.O. Box 1187  
Alden, New York, 14004-1187

Defendent No 7.

Name John Doe #6  
Job or title C.O.  
Shield Number N/A

Individual Capacity  
and  
Official Capacity

Employer Wende C.F

Address Wende Rd, P.O. Box 1187  
Alden, New York, 14004-1187

Defendent No 8

Name John Doe #7 Individual Capacity  
and  
Job or title C.O. Official Capacity  
Shield Number N/A  
Employer Wende C.F.  
Address Wende Rd, P.O. Box 1187  
Alden, New York, 14004-1187

Defendent No 9

Name John Doe #8 Individual Capacity  
and  
Job or title C.O. Official Capacity  
Shield Number N/A  
Employer Wende C.F.  
Address Wende R. d, R.O. Box 1187  
Alden, New York, 14004-1187

Defendent No 10

Name CO H Individual Capacity  
and  
Job or title CO Official Capacity  
Shield Number N/A  
Employer Wende C.F.  
Address Wende Rd, P.O. Box 1187  
Alden, New York, 14004-1187



Defendent No 11

Individual Capacity  
and

Name CO L

Official Capacity

Job or title CO

Shield Number N/A

Employer Wende C.F

Address Wende Rd, P.O. Box 1187

Alden, New York. 14004-1187

Defendent No 12

Name CO si

Individual Capacity  
and

Job or title CO

Shield Number N/A

Official Capacity

Employer Wende C.F

Address Wende Rd, P.O. Box 1187

Alden, New York. 14004-1187

Defendent No 13

Name CO Sp

Individual Capacity  
and

Job or title CO

Shield Number N/A

Official Capacity

Employer Wende C.F

Address Wende Rd, P.O. Box 1187

Alden, New York. 14004-1187

Defendant No 14  
Name Jane Doe  
Job or title Nurse #1  
Shield N/A  
Employer Wende C.F.  
Address Wende Rd, P.O. Box 1187  
Alden, New York. 14004-1187

Individual Capacity  
and  
Official Capacity

Defendant No 15  
Name Jane Doe  
Job or title Nurse RN #3  
Shield N/A  
Employer Wende C.F.  
Address Wende Rd, P.O. Box 1187  
Alden, New York. 14004-1187

Individual Capacity  
and  
Official Capacity

Defendant No 16  
Name John Doe  
Job or title Nurse #2  
Shield N/A  
Employer Wende C.F.  
Address Wende Rd, P.O. Box 1187  
Alden, New York. 14004-1187

Individual Capacity  
and  
Official Capacity

Defendant No 17

Individual Capacity  
and

Name dept of security

Job or title Dept of security Official Capacity

Shield N/A

Employer Wende C.F.

Address Wende, Rd, P.O. Box 1187  
Alden, New York. 14004-1187

Defendant No 18

Individual Capacity  
and

Name Superintendent

Job or title Superintendent Official Capacity

Shield N/A

Employer Wende C.F.

Address Wende, Rd, P.O. Box 1187

Alden, New York. 14004-1187

Defendant No 19

Individual Capacity  
and

Name Sgt John Doe

Job or title Sgt

Official Capacity

Shield N/A

Employer Wende C.F.

Address Wende Rd, P.O. Box 1187

Alden, New York. 14004-1187



- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

This incident happened within Wende C.F. within the Double ICP area within the MHU building on the second level by the CO's bobble towards the stairwell going down the stairs and within the two gates to B-block C block.

C. What date and approximate time did the events giving rise to your claim(s) occur? *This happened on December 17, 2021 at approximately 9:00 am Rec run to the outside yard.*

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) *The facts underlying this claim is I was Excessively assaulted and gradually wounded by at least 13 security personal in which, medical denied me medical attention not once but twice with the date of December 17, 2021 at approximately 9:20 am and also at approximately 5:30 pm when I couldn't move within the cell with the SHU area where I was being held.*

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

*I only received pain medication that didn't work and still is not working at all they did no Physical therapy at all, and on August 18, 2024 I received surgery on my Back in which was the resulted effect and sustained injury, also my Knee is damaged, my elbows as well, and I have Permanent damage to my head which still have not been no treatment for these damages.*

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

*For the permanent back impairment I asking 4 million dollars, for the injuries to my head 1 million dollars, to the injuries to my knee and elbows and hand and ankles 1 million dollars. A Total of 6 million dollars which is the actual damages and I'm asking 3 million dollars in punitive damages which I have permanent head trauma, and permanent mental health damages as well. With actual damages and punitive damages a total of 9 million dollars.*

# Relief

- ① Five hundred thousand dollars (\$500,000) in Compensatory damages and Five hundred thousand dollars (\$500,000) in punitive damages individually from defendant John Doe 1, John Doe 2, John Doe 3, John Doe 4, John Doe 5, John Doe 6, John Doe 7, John Doe 8, CO H
- ② One million dollars (\$1,000,000.00) pain and suffering and One million dollars (\$1,000,000.00) in Mental Anguish damages individually from Defendant's John Doe 1, John Doe 2, John Doe 3, John Doe 4, John Doe 5, John Doe 6, John Doe 7, John Doe 8, CO H
- ③ Three hundred and six teen thousand for each Defendant in this Complaint Civil Action Individually and officially within thier capacity.



①① On December 17, 2021 at approximately 9:00 my cell was open for Recreation to the Outside Yard as I approached the gate, I walk pass the bubble in which we are told to wait so the people within A + D block comes out first, two other prisoners was behind me who was Thomas 21 B 1178 and cell #3 on b-block company, we show officers running throw the stair case door, we all turned around walking back towards B-block and C-block the CO came out the bubble and tackled me to the ground, I believe his name is CO H. Once on the ground three other CO's who came running throw the door CO John doe #1 first defendant, lock his elbows and started using his Elbows locked pounding on my head continually, CO John doe #2 two started kicking and stomping on my Back continually, CO John doe #3 started twisting my ankles as to break my ankles one by one he twisted each ankle in which I couldn't walk after the beaten, CO John doe #4 was twisting my hands and arm in a serious aggressive way.

John doe # 4 was one of the other officers who came out the bubble. Sgt P who I believe is Sgt Phonoa who came on the scene while I was still being beaten by these 5 CO's in which the one who tackled me to the floor CO H started punching me continually in the face while on the ground. I was then picked up forcefully by CO John doe # 1 who was the one with the locked elbows continually hammering my head with his elbows continually, I was yelling what is this about and why are you all doing this to me. I was then also picked up by CO John doe # 2 who was kicking and stamping on my back area. John doe # 3 who twisted my ankles also helped while John doe # 4 who was twisting my arms and hand helped CO H off the ground. I was placed on the wall by CO John doe # 1, 2, 3 and John doe # 1 had pressure on my back area placed against the wall because I was falling to the ground. While on the ground I believe I blacked out, while yelling "why" my words were very slurred.



While on the wall John doe #2 and #3 had my arms pepend to the wall while John doe #1 applied pressure to my back while I was not able to stand up. Sgt P came and started to Slam my head into the wall. Inmate Thomas 21 B 1178 and cell #3 who testified at the hearing was standing at the gate on B-block watching the whole attack by CO H, CO John doe #1, 2, 3, and 4, and Sgt P. They then cuffed me and CO H, John doe 1 and 2 had me by the cuffs, and CO John doe #3 and 4 took hold of my legs and CO #5 and #6 also took hold of my body then they proceeded to the staircase and once throw the door Sgt P told them to Drop me in which to throw me down the stairs in which I was able to turn my body to not get thrown on my face and landed on my side and part of my back in which the cuffs and hands hit the floor hard and I was on my side and I was again assaulted with punches and Kicks and CO #7 and 8 which is also John does rained Kicks and punches as well.

I was then picked up off the floor after the second beaten by the staircase out of the views of other I/I's within the Double ICP area within the second level of the MHU building. I was then put into a lock by CO John doe # 1, 3, 5 and they held me up to walk to the hospital in which I was placed on the floor. The nurse came in which was Nurse RN who denied me medical treatment I was placed in a wheel chair and wheeled to the box by CO # 1 and 8 who is also John doe. I was then taking to the Unit SHU in which I was placed in a cell with no mattress or anything within the SHU cell. At approximately <sup>5:00pm</sup> other I/I's started calling for emergency sick call in which was at approximately 5:00 pm. At approximately 5:30 pm the CO's who worked the gallery dragged me out the cell and I was put on a gurney and taken to medical and Nurse Jane doe and John doe looked at me and said that he is OK after they checked my feet with some kind of thing that racked my feet and it was done very hard in which my feet hurt for days after.



Then I was escorted back to the door and the CO John doe who I didn't put in the complaint, pended my head to the gurney all the way to OBS and I never ever mention anything about being suicidal or homicidal. The CO John doe who pended my head to the gurney holding it down with a lot of pressure kept saying your waisting our time within this bull----. I was then escorted and then stripped of my clothes and was kept in OBS for about a week.

The Superintendent and the dept of security was put on notice about these incidents on many occasions in which they failed to protect me from any harm or future harms Retaliation, Grievance Protected Act, 8th Amendment - Excessive force, 8th Amendment Failure to intervene, and medical denial.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

I was at Wende C. F. Wende Rd.  
P.O. Box 1187, Alden, New York, 14004-1187  
within the MHU building on the second level  
of the Double ICP area between B block and C  
Block and in the stairwell.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? The whole incident is covered within  
my grievance Complaint about this incident and  
it was appealed all the way through Grievance #  
WDE - 0669 - 21, CORC

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

- E. If you did file a grievance:

Wende C.F. IGRC within the facility,  
1. Where did you file the grievance? I filed it in SHU while being held for the hearing.

2. What did you claim in your grievance? I claimed the excessive force used and denied medical attention within Wende and other things I went thru after the assault by a number of CO's and Sgt.

3. What was the result, if any? Nothing was done and they denied all stated facts within the complaint and fabricated the reports and falsified documentation in which to weaponize my mental health against me to justify their actions.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

The grievance is completed and a copy is sent with this 1983 petition to show that my Administrative Remedies was completed procedurally.



F. If you did not file a grievance: N/A

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. see Exhibit-A

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

#### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

N/A

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☐ Yes☐ No

N/A

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes☐ No

N/A

If no, give the approximate date of disposition

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/25/24

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Jameahl Clarke  
JAMAHL CLARKE  
14A3035  
Green haven C.F. 594 ROUTE 216  
Stormville, N.Y. 12582  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

*Clarke, J (14A3035)* *Green Haven*

NEW YORK STATE Corrections and Community Supervision  KATHY HOCHUL ANTHONY J. ANNUCCI Acting Commissioner	Grievance Number <b>WDE-0659-21</b>	Desig./Code <b>I/49</b>	Date Filed <b>12/29/21</b>
	Associated Cases		Hearing Date <b>05/26/22</b>
	Facility <b>Wende Correctional Facility</b>		
INCARCERATED GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE		Title of Grievance <b>Assaulted By Security Staff</b>	

**GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part. CORC upholds the determination of the Superintendent for the reasons stated.

CORC notes that the grievant was involved in a documented Unusual Incident (UI) and Use of Force (UOF) on 12/17/21 at approximately 9:15am after refusing to comply with a pat frisk following an altercation with another incarcerated individual and assaulting staff. It is noted that during the UI/UOF the grievant was observed removing a can lid from their waistband and attempting to slide it under a garbage can on the gallery. CO H... denies assaulting the grievant and indicates that only the amount of force necessary to gain the grievant's compliance was used. In addition, it is noted that the grievant refused to be evaluated by medical staff following the incident and no visible injuries were noted. CORC further notes that Lt. P..., formerly Sgt. P..., denies retaliating against the grievant, directing or conspiring with staff to assault the grievant, or making any inappropriate comments. CO's L... and P... deny assaulting the grievant or witnessing same, and CO's Si... and Sp... deny threatening the grievant. In addition, CO Si... denies having any interaction with the grievant on 12/17/21 or 12/22/21 and CO Sp... denies falsifying any documentation.

CORC further notes that the grievant was subsequently seen at emergency sick call at approximately 5:25pm on 12/17/21 after they began breathing erratically. They were assessed by nursing staff, their vital signs were within normal limits except for a slightly elevated heart rate, they were responsive to a sternal rub, their breathing was noted to return to a normal rate and rhythm, and no visible injuries were noted. It is noted that the encounter was terminated after the grievant started yelling and refused to calm down so that any further assessment could be completed, and that staff deny witnessing the RN making inappropriate comments. CORC also notes that the grievant was placed on an observation watch from 12/17/21-12/22/21 as authorized by OMH staff after the grievant indicated they were suicidal and homicidal. It is noted that the grievant's witness was interviewed, however, the allegations remain unsubstantiated. CORC has not been presented with sufficient evidence to substantiate retaliation, conspiracy or malfeasance by staff.

CORC notes that the grievant was issued a Tier III MBR as a result of their actions on 12/17/21, which was modified upon appeal by the Office of Special Housing/Incarcerated Individual Disciplinary Programs on 2/11/22. CORC asserts that the disciplinary appeal mechanism afforded the grievant with an opportunity to remedy any factual or procedural errors, and that the grievance program to be used as an additional or secondary appeal mechanism for a MBR.

CORC asserts that the grievance program is not intended to support an adversary process, and upholds the discretion of the facility administration to determine when to review video or audio recordings for grievance investigations. Further, CORC asserts that Correction Law grants DOCCS the discretion to transfer incarcerated individuals between its correctional facilities and that incarcerated individuals are not entitled to house where they choose. In addition, any person whose application to inspect or obtain a copy of a department record has been denied in whole or in part (including deletions) may, within thirty (30) days of such denial, appeal to the Department's Counsel.

With respect to the grievant's appeal, CORC notes that their 12/17/21 assault allegations are currently being investigated by the Office of Special Investigations (OSI) and advises them to address any further concerns regarding this matter directly to OSI. CORC also notes that they have since been transferred.

MXV/ras



## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> <u>Jamahl Clarke</u>  <b>(b) County of Residence of First Listed Plaintiff</b> <u>Dutchess CO</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>  <b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b> <u>PRD SE</u> <u>JAMAH CLARKE, 14A3D35</u> <u>GREEN HAVEN CORR. FAC., P.D. BOX 4000</u> <u>STORMVILLE, N.Y. 12582</u>		<b>DEFENDANTS</b> <u>John Doe-1, et al.</u>  <b>County of Residence of First Listed Defendant</b> <u>Erie County</u> <small>(IN U.S. PLAINTIFF CASES ONLY)</small> <b>NOTE:</b> IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.  <b>Attorneys (If Known)</b>  <div style="text-align: center; font-size: 2em; font-weight: bold;">24 CV 1212</div>																									
<b>II. BASIS OF JURISDICTION</b> <small>(Place an "X" in One Box Only)</small> <input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question <small>(U.S. Government Not a Party)</small> <input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity <small>(Indicate Citizenship of Parties in Item III)</small>		<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> <small>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</small> <small>(For Diversity Cases Only)</small> <table style="width:100%; border: none;"> <tr> <th></th> <th>PTF</th> <th>DEF</th> <th></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>			PTF	DEF		PTF	DEF	Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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<b>IV. NATURE OF SUIT</b> <small>(Place an "X" in One Box Only)</small> <table style="width:100%; border: none;"> <tr> <th style="width:25%;">CONTRACT</th> <th style="width:25%;">TORTS</th> <th style="width:25%;">FORFEITURE/PENALTY</th> <th style="width:25%;">BANKRUPTCY</th> <th style="width:25%;">OTHER STATUTES</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> 110 Insurance  <input type="checkbox"/> 120 Marine  <input type="checkbox"/> 130 Miller Act  <input type="checkbox"/> 140 Negotiable Instrument  <input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment  <input type="checkbox"/> 151 Medicare Act  <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)  <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits  <input type="checkbox"/> 160 Stockholders' Suits  <input type="checkbox"/> 190 Other Contract  <input type="checkbox"/> 195 Contract Product Liability  <input type="checkbox"/> 196 Franchise </td> <td style="vertical-align: top;"> <b>PERSONAL INJURY</b>  <input type="checkbox"/> 310 Airplane  <input type="checkbox"/> 315 Airplane Product Liability  <input type="checkbox"/> 320 Assault, Libel &amp; Slander  <input type="checkbox"/> 330 Federal Employers' Liability  <input type="checkbox"/> 340 Marine  <input type="checkbox"/> 345 Marine Product Liability  <input type="checkbox"/> 350 Motor Vehicle  <input type="checkbox"/> 355 Motor Vehicle Product Liability  <input type="checkbox"/> 360 Other Personal Injury  <input type="checkbox"/> 362 Personal Injury - Medical Malpractice </td> <td style="vertical-align: top;"> <b>PERSONAL INJURY</b>  <input type="checkbox"/> 365 Personal Injury - Product Liability  <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability  <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability   <b>PERSONAL PROPERTY</b>  <input type="checkbox"/> 370 Other Fraud  <input type="checkbox"/> 371 Truth in Lending  <input type="checkbox"/> 380 Other Personal Property Damage  <input type="checkbox"/> 385 Property Damage Product Liability </td> <td style="vertical-align: top;"> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881  <input type="checkbox"/> 690 Other   <b>LABOR</b>  <input type="checkbox"/> 710 Fair Labor Standards Act  <input type="checkbox"/> 720 Labor/Management Relations  <input type="checkbox"/> 740 Railway Labor Act  <input type="checkbox"/> 751 Family and Medical Leave Act  <input type="checkbox"/> 790 Other Labor Litigation  <input type="checkbox"/> 791 Employee Retirement Income Security Act   <b>IMMIGRATION</b>  <input type="checkbox"/> 462 Naturalization Application  <input type="checkbox"/> 465 Other Immigration Actions </td> <td style="vertical-align: top;"> <input type="checkbox"/> 422 Appeal 28 USC 158  <input type="checkbox"/> 423 Withdrawal 28 USC 157   <b>PROPERTY RIGHTS</b>  <input type="checkbox"/> 820 Copyrights  <input type="checkbox"/> 830 Patent  <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application  <input type="checkbox"/> 840 Trademark   <b>SOCIAL SECURITY</b>  <input type="checkbox"/> 861 HIA (1395ff)  <input type="checkbox"/> 862 Black Lung (923)  <input type="checkbox"/> 863 DIWC/DIWW (405(g))  <input type="checkbox"/> 864 SSID Title XVI  <input type="checkbox"/> 865 RSI (405(g))   <b>FEDERAL TAX SUITS</b>  <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)  <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 </td> </tr> </table>				CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - 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<b>V. ORIGIN</b> <small>(Place an "X" in One Box Only)</small> <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) <input type="checkbox"/> 6 Multidistrict Litigation - Transfer <input type="checkbox"/> 8 Multidistrict Litigation - Direct File																											
<b>VI. CAUSE OF ACTION</b> Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>Civil Rights Action - 42 U.S.C. § 1983</u> Brief description of cause: <u>Excessive Physical Force, denial of medical</u>																											
<b>VII. REQUESTED IN COMPLAINT:</b> <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.    DEMAND \$ <u>9 million</u> CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
<b>VIII. RELATED CASE(S) IF ANY</b> <small>(See instructions):</small> JUDGE _____ DOCKET NUMBER _____																											
DATE <u>11/25/24</u> SIGNATURE OF ATTORNEY OF RECORD <u>PRD SE</u> <u>Jamahl Clarke</u>																											
RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE <u>HKS</u>																											

Tamahl Clarke 14A3035  
Green Haven Correctional Facility  
594 R + 216  
Stormville, New York 12588

DEC - 9 2024

BUFFALO

United States District Court Clerk  
200 U.S. Courthouse  
2 Niagara Square  
Buffalo, New York 14202-3498

Urgent  
Legal  
Mail

